

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AH	121922	11/19/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	54573		12-7-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	5/13/99
1	10/3/99
2	10/3/99
3	✓
4	✓
5	✓
6	=✓
7	✓
8	✓
9	✓
10	✓
11	✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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